PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number 10/645293					
CLAIMS AS FILED - PART (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY			
π	YTAL CLAIMS	18					ME	FEE	1	RATE	FEE	ł		
FC	R	NUMBER FILED		NUMBER EXTRA		<u> </u>	SIC FE	1	OR	BASIC FEE		ł		
TC	TAL CHARGE	/ 8 minus 20=		• 0		15	X\$ 9=		OR	X\$18=		ł		
N	EPENDENT C	// minus 3 =		• , ,		-	X42=		1	X84=		ł		
M	ILTIPLE DEPEN	(DENT CLAIM P	RESENT		<del></del>	H			OR	A84=	84	ł		
- II	the difference	in column 1 is	lees then 2	orn enter	-00° io (	warma 2		140=	<u> </u>	OR	+280=		•	
		LAIMS AS A	•			A001111 E	Ŧ	OTAL		OR	TOTAL	837	1	
0	-29.04	(Column 1)	gris	(Colum	nn 2)	(Column 3)	. 6	MALL	ENTITY	OR	SMALL		١.	
		CLAIMS REMAINING AFTER AMENDMENT		PREVIO PAID	BER	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE		
AMENOMENT A	Total	· 18	Minus	<b>*</b> C	20	•	X	\$ 9=		OR	X\$18 <sub>E</sub>			
	Independent	• 4	Minus	444	4		17	42=		OR	X84⇒	·		
=	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<b> </b>		+280=	<b>\</b>	ł	
3	·, 35, 0	1, 63	•	•			Ľ	140= TOTAL		OR	TOTAL	-		
	•	(Column 1)		(Colur	nn 91	(Column 3)	ADD	RT. FEE	L	OR	ADOM, PEE		1	
ENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGH NIM PREVIO	EST BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	.25	Minus	2	-0	- 4	T <sub>x</sub>	<b>5</b> 9=	4	OR	X	2000	D	
	Independent-	. 4	Minus	sto 2	4	• /	<b>—</b>	42=			2000	200.00		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM								<b> </b>	OR		200.00	:	
			•	•				140= TOTAL		OR	+280=	- Zool A		
S	1-8-06	(Column 1)	٠.	fCab	nn 2) .	(Caluma et	ADD	IT. FEE	<u> </u>	OR	YOYAL ADDIT, FEE	C/00.0	14	
DIMENTO		.CLAIMS REMAINING APTER AMENDMENT		HIGH NUMI PREVIC PAID	EBT BER CUSLY FOR	(Column 3) PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
2	Total	. 25	Minus	I - 2	. 6	- <b> </b>	1 4	t o	l i	I	V210_		1	

ORM PTO-676 (Ray, 12/02)

5 1, 52, 55, 61, 65, 71,

\* If the entity in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\* The "Highest Number Previously Paid For" (Noted or Independent) is the highest number found in the appropriate box in column 1.

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

OR

+280= OR ADDIT. PEP

X42=

200

200